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| APPLICATION NO.                                                       | FILING DATE     | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|-----------------------------------------------------------------------|-----------------|----------------------|-------------------------|------------------|--|
| 10/019,175                                                            | 10/21/2002      | Brian Xiaoqing Song  | 7652                    | 3919             |  |
| 27752                                                                 | 7590 03/17/2005 | 03/17/2005           |                         | EXAMINER         |  |
|                                                                       | TER & GAMBLE CO | BOYER, CHARLES I     |                         |                  |  |
| INTELLECTUAL PROPERTY DIVISION WINTON HILL TECHNICAL CENTER - BOX 161 |                 |                      | ART UNIT                | PAPER NUMBER     |  |
| 6110 CENTER HILL AVENUE                                               |                 |                      | 1751                    |                  |  |
| CINCINNATI, OH 45224                                                  |                 |                      | DATE MAILED: 03/17/2005 |                  |  |

Please find below and/or attached an Office communication concerning this application or proceeding.

| 5 0000 70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Application No.                                                                                                                                                                                                                                                                                                                                                                                       | Applicant(s)                                                                                                                                                                                                                                                              |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| ) uppermensor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/019,175                                                                                                                                                                                                                                                                                                                                                                                            | SONG ET AL                                                                                                                                                                                                                                                                |  |  |
| Supplemental  Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Examiner                                                                                                                                                                                                                                                                                                                                                                                              | Art Unit                                                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Charles I. Boyer                                                                                                                                                                                                                                                                                                                                                                                      | 1751                                                                                                                                                                                                                                                                      |  |  |
| The MAILING DATE of this communication appeal claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT Report of the Office or upon petition by the applicant. See 37 CFR 1.313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (OR REMAINS) CLOSED in the or other appropriate communing IGHTS. This application is substand MPEP 1308.                                                                                                                                                                                                                                                                                              | nis application. If not included cation will be mailed in due course. THIS                                                                                                                                                                                                |  |  |
| 1. A This communication is responsive to the application received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | red Oct 21, 2002.                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                           |  |  |
| 2. The allowed claim(s) is/are 1 and 11-19.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |  |  |
| 3. The drawings filed on are accepted by the Examine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                           |  |  |
| 4. ☐ Acknowledgment is made of a claim for foreign priority unall All b) ☐ Some* c) ☐ None of the:  1. ☐ Certified copies of the priority documents have 2. ☐ Certified copies of the priority documents have 3. ☐ Copies of the certified copies of the priority documents have International Bureau (PCT Rule 17.2(a)).  * Certified copies not received: ☐ Applicant has THREE MONTHS FROM THE "MAILING DATE" noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.  5. ☐ A SUBSTITUTE OATH OR DECLARATION must be submained including changes required by the Notice of Draftspers 1) ☐ hereto or 2) ☐ to Paper No./Mail Date ☐ (b) ☐ including changes required by the attached Examiner's Paper No./Mail Date ☐ (ldentifying Indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in the content of th | e been received.  e been received in Application of the cuments have been received in of this communication to file and the file and the communication.  itted. Note the attached EXAM are reason(s) why the oath or do to be submitted.  son's Patent Drawing Review (communication).  s Amendment / Communication to in the communication and the communication are consistent of BIOLOGICAL MATER. | No In this national stage application from the reply complying with the requirements  INER'S AMENDMENT or NOTICE OF eclaration is deficient.  PTO-948) attached  the Office action of drawings in the front (not the back) of 1.121(d).  IIAL must be submitted. Note the |  |  |
| attached Examiner's comment regarding REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |  |  |
| Attachment(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                           |  |  |
| 1. ☐ Notice of References Cited (PTO-892)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Notice of Infor                                                                                                                                                                                                                                                                                                                                                                                    | mal Patent Application (PTO-152)                                                                                                                                                                                                                                          |  |  |
| 2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. Interview Sum                                                                                                                                                                                                                                                                                                                                                                                      | <ol> <li>Interview Summary (PTO-413),</li> <li>Paper No./Mail Date</li> </ol>                                                                                                                                                                                             |  |  |
| <ol> <li>Information Disclosure Statements (PTO-1449 or PTO/SB/0<br/>Paper No./Mail Date</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Paper No./Ma<br>7. ☐ Examiner's Ar                                                                                                                                                                                                                                                                                                                                                                    | nendment/Comment                                                                                                                                                                                                                                                          |  |  |
| 4.   Examiner's Comment Regarding Requirement for Deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                              | atement of Reasons for Allowance                                                                                                                                                                                                                                          |  |  |
| of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9.                                                                                                                                                                                                                                                                                                                                                                                                    | Charles I Boyer Primary Examiner Art Unit: 1751                                                                                                                                                                                                                           |  |  |

U.S. Patent and Trademark Office PTOL-37 (Rev. 1-04)